

SAMPLE STANDARD OPERATING PROCEDURES (SOP)

<<< Note to providers >>>

This is a sample which you can use to create your service's OWN standard operating procedures (SOP) as required in N. J. A. C. 8:40-3.5. It is NOT designed to be photocopied as is. (You can use any appropriate section word for word though.) You shall revise it to match the type of service you are going to provide. Your completed SOP shall be made available for approval at the time of your provider survey audit. Any changes in your SOP that you wish to make after licensure shall also be submitted to the Office of Emergency Medical Services for approval prior to giving it to your staff.

Nothing in your completed SOP can conflict with the rules as written in the Mobility Assistance Vehicle and Basic Life Support Ambulance Services found at N. J. A. C. 8:40-1.1 et seq. You are welcome to use all the sections that apply to your type of service exactly as written below.

Each section will begin with instructions telling you which type of service the section applies to.

<<<All Providers>>> - means that the section to all types of services.

<<<Mobility Assistance Vehicle Service providers>>> - means that the section applies only to Mobility Assistance Vehicle Service providers

<<<Ambulance providers>>> - means that the section applies only to Ambulance Service and Emergency Response providers

<<<Emergency Response providers>>> - means that the section applies only to Ambulance Services that do provide 911 emergency ambulance service to a municipality.

Any text that appears as italic in this sample SOP is there to help you to create your SOP, and should NOT be included in it.

<<<All Providers>>>

To our Employees:

This SOP is given to you to insure that you comply with New Jersey Department of Health and Senior Services rules (Mobility Assistance Vehicle and Basic Life Support Ambulance Services, N.J.A.C. 8:40-1.1 et seq.). These are enforced by authorized representatives of the New Jersey Department of Health and Senior Services, Office of Emergency Medical Services (OEMS). The initials OEMS are used in this SOP to identify this office. OEMS requires us to give you a complete copy of the Manual of Standards.

<<<All Providers>>>

A. Nondiscrimination

1. We are required to give service to all regardless of their race, sex, creed, skin color, national origin, age, disability or medical condition of the patient. This includes patients with any communicable diseases such as AIDS, TB, or Hepatitis.

<< Emergency Response Providers Only >>

B. Nondiscrimination

1. We are required to give service to all regardless of their race, sex, creed, skin color, national origin, age, disability or medical condition of the patient. This includes patients with any communicable diseases such as AIDS, TB, or Hepatitis.
2. In addition, we **cannot** fail to respond to an emergency call, refuse to give emergency treatment to or transport any person because -of that person's ability to pay for the service.

<< Emergency Response Providers Only >>

C. Special Requirements for Emergency Response

1. To do Emergency Response, or to bid on a contract for Emergency Response, we shall be a licensed ambulance provider.
2. There **shall** be a semi-automatic defibrillator available for use. It shall be in our vehicle or in at all times. It cannot be brought by the MICU provider.
3. We **shall** have a quality control system in place to continuously monitor the quality of care. This shall include, dispatching of vehicles, safe driving, documentation of care on the patient care report form, quality of the medical care provided, appropriate use of advanced life support services, and the triage of patients. Our quality control system shall include feedback to you about the quality of care you are providing.

4. We **shall** notify OEMS at least seven (7) days before we plan to begin **Emergency Response** services or before the starting date of a contract with a municipality.
5. We **shall** give written notification to OEMS at least 60 days before we plan to discontinue **Emergency Response** services or before the closing date of a contract with a municipality.
6. We **shall** have a minimum of two (2) licensed emergency ambulances that have been completely upgraded to meet **Emergency Response** requirements. One **shall** be the primary vehicle and one a backup that is immediately available for use when our primary **Emergency Response** vehicle breaks down or needs regular maintenance.

<<<All Providers>>>

D. Surveys and Licensure

1. You **SHALL** allow authorized OEMS staff to conduct inspections to make sure we are in compliance with all of the regulations. Our company could be fined if you don't allow these inspections. OEMS staff carries official Department identification and you should ask to see it. A business card is **NOT** proper identification.
2. These inspections may made at any time, and at any location used by our company, at any place of medical care, and wherever a patient is picked up or dropped off. OEMS staff cannot stop our vehicle while it is traveling on a public road.
3. These inspections can include a review of all required records and forms, conferences with staff and patients and an inspection of our business locations, vehicles, equipment, proof of your training and driver's license.

<<<All Providers>>>

E. Imminent Threat

1. OEMS staff may order a vehicle "Out-of-Service" if they find that the vehicle, equipment or improper staffing poses an imminent threat to the health, safety or welfare for the public, our patients or staff.
2. Imminent threat may include, but is not limited to, problems with the brakes, tires, exhaust system, door locks and handles, oxygen or storage of equipment. It also includes serious patient care violations such as missing (or broken) oxygen or suction equipment.
3. If our vehicle is ordered "Out-of-Service", you shall immediately stop using the vehicle to transport patients. The vehicle shall remain "Out-of-Service" until it passes a re-inspection by OEMS staff. **Only** OEMS staff can remove an "Out-of-Service" sticker from our vehicle.

<<<All Providers>>>

F. License Renewal

1. To continue to operate, we shall renew our license every two years. We can only get our license renewed if we apply as required, and continue to comply with the regulations. OEMS staff will conduct unannounced spot checks and periodic inspections of our vehicles and operations.

<<<All Providers>>>

G. Penalties

1. Our company can be fined, or our license suspended and/or, revoked, for violations of the regulations.

<<<All Providers>>>

H. Unusual Occurrences

1. We **shall** call OEMS office immediately to report the incident to the Supervisor of Ambulance Licensing. We shall follow-up with a letter and official OEMS Accident/Incident Report form within 14 days. The **reportable incidents include, but not limited to:**
 - a. any death or injury requiring hospitalization or treatment in an emergency department, which occurred **to a patient** while in our care or while being transported in one of our vehicles.
 - b. any death or injury requiring hospitalization or treatment in an emergency department, which occurred **to any of our staff** while on-duty.
 - c. any motor vehicle accident, which occurred to one of our vehicles while on a public roadway, which resulted in the death, hospitalization or treatment in an emergency department of any person.
 - d. any fire within our vehicle(s) or office resulting in damage **to our records**.
 - e. any removal of our vehicle(s) from service for a period of **more than 30 days**.
 - f. any instance where a crewmember acts outside of his or her approved scope of practice.
 - g. any and all incidents or series of incidents which, upon objective evaluation, lead to the good faith belief that the conduct is in violation of any applicable law, rule and/or regulation (including, but not limited to, any instances of child abuse or neglect, elder abuse, domestic violence and/or the utilization of physical behavioral restraints)

2. The required follow-up letter and Accident/Incident Report form shall include any additional information known, such as condition of and prognosis for injured persons, copies of any official reports and the estimate of the degree of disruption of service.

<<<All Providers>>>

I. Elder or Child Abuse

1. You **shall** take note of any signs of elder or child abuse to the patient that you observe.
2. You **shall** immediately report it to the medical staff at the medical facility.

<<<All Providers - add to this section - for your company's specific needs>>>

J Uniform

1. All personnel who staff our vehicles **shall** wear the approved uniform.
 - a. You **shall** wear a name badge.
 - b. You **shall** wear a photo ID that OEMS staff may utilize in order to verify the validity of the required credentials.
 - c. Our company name **shall** be on the uniform.
 - d. You shall **NOT** wear any identification, which suggests or indicates affiliation with any other organization or agency.
 - e. You can **only wear** patches, which indicate the certifications you have obtained.

<<<All Providers>>>

K. Vehicle Operation

1. No person **shall** be allowed to staff or operate our vehicles while:
 - a. under the influence of liquor or habit forming drugs.
 - b. driving in a reckless manner.
 - c. driving at excessive speeds.
 - d. while engaging in any illegal conduct.

<<<All Providers>>>

L. Training/Certification - General requirements

1. You cannot provide patient care beyond the level our service is licensed to provide.
2. You cannot provide patient care beyond the level of your own certification.
3. All drivers **shall** possess a valid NJ motor vehicle operator's license.
4. You **shall** carry your original training cards and drivers license on your person, or with you in our vehicle, at all times while on-duty. You will be required to present these to OEMS staff during a licensure spot check.
5. You shall present your **original** training certification cards and drivers license to our office as soon as they are issued to you. We **CANNOT** accept a copy from you. We will make a copy of your cards and license for our records and return the originals to you. OEMS requires us to keep this copy in our office for their inspection.

<<<Mobility Assistance Vehicle Service Providers>>>

M. Specific Required Training for Mobility Assistance Vehicle Service Staff

1. If we do **NOT** carry oxygen on the Mobility Assistance Vehicle Service vehicle:
 - a. You **shall** have valid certification in Passenger Assistance Techniques (PAT) issued by Transportation Management Associates, Ft Worth Texas **or** Mobility Assistance Vehicle Technician (MAVT)
 - b. You **shall** have valid, current CPR certification:
Providers that routinely transport patients under eight years of age shall ensure that their MAV crewmembers have successfully completed the requirements for, and hold certification in, Pediatric Basic Life Support to the standards of the American Heart Association.
2. If we **DO** carry oxygen on the Mobility Assistance Vehicle Service vehicle:
 - a. You **shall** have valid, current certification as an Emergency Medical Technician-Basic (EMT-B), issued or recognized by OEMS, **in addition to the training listed above.**

<<<Ambulance Providers>>>

N. Specific Required Training for Ambulance Staff

1. You **shall** have valid, current certification as an Emergency Medical Technician-Basic (EMT-B), issued or recognized by OEMS, **and**

2. You must have valid, current certification Cardiopulmonary resuscitation to the level of the Professional Rescuer or Health Care Provider as issued by the American Heart Association, the American Red Cross, the National Safety Council or other entity determined by the OEMS to comply with AHA CPR guidelines.

<<<Mobility Assistance Vehicle Service Providers>>>

O. Patient Restrictions

1. Mobility Assistance Vehicle Service vehicles **CANNOT** be used to transport a patient if the patient requires, or may require based on past medical history:
 - a. Transportation on a stretcher; **or**
 - b. Constant attendance due to a medical and/or mental condition; **or**
 - c. Suctioning; **or**
 - d. IV fluids or IV medication during the transport **unless** the patient has own IV pump designed for home use which is totally self-sufficient and needs no intervention by vehicle staff; **or**
 - e. Ventilator assisted breathing **unless** the patient has own automatic ventilator designed for home use which is totally self-sufficient and needs no intervention by vehicle staff; **or**
 - f. Emergency Medical Services; **or**
 - g. Inter-hospital transfer; **or**
 - h. Treatment in an Emergency Department (for other than a routine follow-up of a previously diagnosed condition); **or**
 - i. Treatment in, or admission to,
 - 1) the obstetrical unit (Labor and Delivery) of a hospital
 - 2) the intensive care unit of a hospital
 - 3) the cardiac care unit of a hospital; **or**
 - j. transportation in physical behavior restraints.

<<<Mobility Assistance Vehicle Service Providers>>>

P. Special Mobility Assistance Vehicle Service Staff Required

1. **Two** (2) properly trained Mobility Assistance Vehicle Service staff members are required whenever a patient is loaded and unloaded and the following situation(s) exist:

- a. A wheelchair patient **shall** be moved up or down five or more steps; **or**
 - b. A wheelchair patient weighs 200 or more pounds **and** shall be moved up or down two or more steps.
2. The additional Mobility Assistance Vehicle Service staff member **does not** have to travel with the patient if not needed at the patient's destination.

<<<Ambulance Providers>>>

Q. Special Ambulance Staff Required

Should our agency be requested for a specialty care transport, we must follow the regulations regarding Specialty Care Transports found at N.J.A.C. 8-41, subchapter 10.

<<<Mobility Assistance Vehicle Service Providers>>>

R. Mobility Assistance Vehicle Service driver's duties include, but are not limited to:

1. Using additional staff, carrying wheelchair patients up and down stairs.
2. Assisting patients to enter and leave the vehicle.
3. Supervising the well being of patients.
4. Ensuring privacy, comfort, and appropriate care of patients
5. Assuring that all wheelchair occupants are safely and properly restrained in the chair.
6. Assuring that all wheelchairs are safely and properly restrained in the vehicle.
7. Assuring that all vehicle occupants wear automotive seat belts.
8. Operating the vehicle in a safe lawful manner - starting and stopping the vehicle slowly and smoothly.
9. Reporting verbally to appropriate personnel when a patient is brought to a place of medical care.
10. Prohibiting smoking within the vehicle at all times.

<<<Ambulance Providers>>>

S. Ambulance Staffs collective duties include, but are not limited to:

1. Providing prompt, effective medical or emergency medical care to patient(s).

2. Attending the patients) at all times and continually monitoring the patient's condition.
3. Extricating the patient from confinement (if necessary).
4. Carrying patients over varying terrain using a variety of patient transport devices.
5. Assisting patients to enter and leave the vehicle.
6. Ensuring the privacy and comfort of patients.
7. Assuring that all patients are safely and properly restrained in the stretcher, wheelchair or other patient transport device.
8. Assuring that any stretcher, wheelchair or other patient transport device is safely and properly restrained in the vehicle.
9. Assuring that all vehicle occupants (other than staff performing CPR) wear automotive seat belts.
10. Operating the vehicle in a safe lawful manner - starting and stopping the vehicle slowly and smoothly.
11. Reporting verbally to, and leaving a copy of the call report with, the appropriate personnel at the place of medical care.
12. Notifying the medical facility prior to arrival, if any special professional services will be needed by a seriously ill or injured patient.
13. Complying with the laws and regulations on the handling of the deceased.
14. Accurately entering data into and signing the call report form.
15. Prohibiting smoking within the vehicle **at all times**.

<<<All Providers>>>

T. Sanitation

1. The inside of all our vehicles and all equipment used **shall** be cleaned every day.
2. After transporting patients known to have AIDS, hepatitis, TB or any other communicable disease, our vehicle **shall** be temporarily removed from service. Anything touched by the patient or patient's body fluids **shall** be disinfected as per OSHA standards.
3. Universal precautions - gloves - (plus additional protection depending on specific situation) will be taken for all patient contacts.

<<<Ambulance Providers>>>

U. Physical Behavior Restraints

1. You **cannot** put a patient into, or transport a patient with, physical behavior restraints unless:
 - a. A physician or court has authorized the placement of the restraints; or
 - b. The patient is in the custody of a police or corrections officer and the officer accompanies the patient within the patient compartment; or
 - c. The medical condition of the patient mandates transportation to, and for treatment at, a health care facility; or
 - d. the patient shows such a degree of behavior that he or she:
 - 1) Poses serious physical danger to themselves or to others; or
 - 2) Causes serious disruption to ongoing medical treatment which is necessary to sustain their lives or to prevent disability.
2. You **cannot** keep a patient in physical behavior restraints for more than one (1) hour unless:
 - a. A physician or court has ordered the use of behavior restraints for more than one (1) hour; **or**
 - b. The patient is in the custody of a police or corrections officer, and the officer accompanies the patient within the patient compartment of the vehicle.
3. **No** physical behavior restraints shall be of a type that causes the patient undue physical discomfort, harm or pain. Hard restraints, such as hand cuffs, are not to be used unless the patient is in the custody of a police or corrections officer and the officer accompanies the patient within the patient compartment.
4. You **shall** clearly note the reason(s) for placing and or transporting a patient in behavior restraints on the call report. You shall give a copy of the report to the appropriate personnel at the medical facility receiving the patient.
5. If behavior restraints are applied by you after leaving the sending physician or facility, we **shall** send a copy of the call report to the physician or hospital within 48 hours.
6. The above mentioned physical behavior restraints do not apply to automotive safety belts, stretcher patient safety restraints or other safety restraints.

<<<All Providers>>>

V. Patients Rights

1. **Do not** leave a patient alone.
2. **Do not** give out any information on the patient's condition or medical status to anyone except the appropriate authorities. OEMS staff, showing the proper ID, have the right to see the patient's medical records.
3. Treat all patients properly and in a most professional manner.
4. Respect the patient's privacy (when changing clothes, etc.).

<<<Ambulance Providers>>>

W. Mobile Intensive Care Unit (MICU) dispatch protocols

1. Cardiac problems - e.g. chest pains, pressure, tightness, discomfort accompanied by sweating and fatigue.
2. Respiratory distress - e.g. shortness of breath, including patients turning cyanotic.
3. Unconscious patient, patient not breathing, cardiac arrest.
4. Diabetic emergency.
5. Severe trauma - e.g. serious motor vehicle accidents, entrapment, stabbing, gunshots, serious industrial accidents, pedestrian struck.
6. Allergic reaction.
7. Drug overdose.
8. Stroke.
9. Electrocution/electrical shock.
10. Maternity with imminent delivery.
11. Severe burns.
12. Seizure.
13. Uncontrolled bleeding, including vomiting blood, profuse rectal or vaginal bleeding.
14. Drowning.

15. Disaster/mass casualty.
16. MICU **may also be dispatched** to an emergency at the request of the dispatcher, police department or basic life support squad.

<<<All Providers>>>

X. Vehicle Breakdown

1. If your vehicle breaks down for any cause, you **shall** call our office immediately and another vehicle will be dispatched to pick up the patient(s). While this is happening, the patient(s) **shall not** be left alone.